

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16308

State File No.

Registrar's No.

5112

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 14 1943

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3815 Clarence Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM KUHLMANN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Kuhlmann 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 8, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town or country) (State or foreign country)

10. Usual occupation Used. Car. Dealer

11. Industry or business

12. Name William Kuhlmann

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Caroline Schaeffer

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Irene Kuhlmann

(b) Address 3815 Clarence Ave

17. (a) Buried (b) Date thereof June 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director J. J. Schaeffer

(b) Address 1389 Union St

19. (a) JUN 3 1943 (b) J. J. Schaeffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3815 Clarence Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar 15th, 1943, to May 20, 1943
that I last saw him alive on May 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Cerebral Hemorrhage 1
Duration 3 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. D. Connor (M. D. or other)

Address 1816 A N. Grand Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harry Schumacher

Licensed Embalmer No.....

2679

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.